



Monthly Newsletter

LM Software development for IPPFAR MAs

As part of the strengthening of the logistics and supply management systems of our Member Associations (MAs), it has become necessary to reposition their logistics machineries to be in tune with the new thinking of ensuring reproductive health commodity security, which requires the setting up of cost-effective and efficient systems.

In order to make our MAs' programmes more sustainable, it has become necessary to have in place a system which can make them accountable for the commodities received or supplied to support their activities. In addition it is considered important for MAs to provide detailed information on all commodities received during the course of year to enable IPPFAR know the value of commodities received from other outlets apart from the traditional source (IPPF).

In this regard, since 2006, the RO have been trying to introduce to some MAs the Supply Chain Management tool, developed and being used by the MA of Gambia.

The aim of the workshop held in Nairobi Panafric Hotel from 16th to 20th June, was to share experiences regarding the challenges encountered by the MAs of Ghana, Uganda, Gambia, Burkina Faso and Mali which actually will help the RO in the coming years to



implement and train the other MAs in the use of this new tool and try to address them as a team.

This tool was developed mainly for the inventory management; another tool for Asset Management is yet to be finalized and tested before making it available to the Associations as well.

FPAL CHANGE OF NAME

During the National Executive Committee (NEC) First Quarter Meeting held April 29, 2008, the members reaffirmed the Assembly's mandate and further resolved that the Association name will be changed from the Family Planning Association of Liberia (FPAL) to the Planned Parenthood Association of Liberia (PPAL) by the close of this program year.

ENDING IMPUNITY ON SEXUAL GENDER BASED VIOLENCE (SGBV)

Pan Afric Hotel, July 21-23rd 2008

Official government of Kenya statistics placed the dead at 1200 as of 27th February 2008 owing to the post election violence. Data from the Nairobi Women's Hospital - Gender Recovery Centre, the only centre of its kind in East and Central Africa showed that over 80% (356) of the cases that they treated at the centre were sexual violence related. Of these 80%, 93% were adult women survivors while the rest accounted for children and men. 9% were of physical assault, 7% of domestic violence related cases and 4 % were of indecent assault¹.

Women and girls are the only group that is targeted for their gender, especially in conflict situations, and the only group for which there is no international outrage and no effective response. The SGBV alliance, made up of six organizations (IPPF ARO, ACORD, CARE International, OXFAM, Action Aid International and AMANI Forum) was established as an interagency group that would coordinate advocacy work around the protocol on the prevention and suppression of sexual violence against women and children. The conference on ending impunity on sexual gender based violence was convened by ACORD, Action Aid International, Amani Forum, International Planned Parenthood Federation, together with The Kenyan Human Rights Commission, Coalition on Violence against Women and Urgent Action Fund. The conference brought together parliamentarians, policy makers, legislative officials (Ministries of Justice and Constitutional affairs), gender machineries and civil society organizations who work at a national, regional and pan African level and whose goal it is to influence REC's, AU, NEPAD.

The goal of the conference was to ensure that African governments are held responsible for providing justice, restitution and rehabilitation for survivors of SGBV. It was officially opened by Kenyan Minister for Justice and Constitutional Affairs Hon. Martha Karua, who expressed the government's commitment to pass legislation touching on issues on gender, for example the Sexual Offences Act that was spear headed by Njoki Ndungu in the 9th Parliament. She further reiterated the need for looking past the conference to the implementation of the action plan and stated that she looked forward to receiving the final conference output with actions to this effect.

¹ Nairobi Women's Hospital, "Interim Report – Gender Violence Recovery Centre", 27 December 2007 to 29 February 2008

In summary, the conference participants committed to:

1. Ending impunity through accountability and implementation
2. Centering on women survivors of SGBV in conflict and non conflict situations
3. Mobilizing popular support in the fight against SGBV
4. Securing adequate human, financial and material resources in fighting SGBV
5. Building bridges across sectors and within movements
6. Developing a new cadre of leadership

How long will we sit back and watch our mother, sisters, daughters, and friends lose their dignity and have their rights violated? We are all victims, either directly or indirectly. The waiting must end. It is time to move from rhetoric to reality.

The conference communiqué with specific actions can be found at www.ippfar.org/en/News/Events/

STUDY TOUR IN BEMFAM (BRAZIL) IN SOCIAL MARKETING

As the demand for RH services and commodities is increasing, there is a need for IPPFAR to respond in effective ways to the needs expressed by MAs

It has been noted from a study conducted by AR in 2007 that MAs SRH programs are limited to urban and semi urban areas while the population in the rural areas are underserved and do not have access to FP services / contraceptives including condoms.

Also, during the planning workshops regarding the implementation of RHCS strategy this year, MAs concerned by this activity have expressed their need to initiate Social Marketing Programs in order increase access to services and to generate local resources for their programs.

In view of the above, the RO has initiated and undertaken a study tour in Bemfam (MA of Brazil) from 14th to 18th July to get acquainted with strategies for promotion of SRH products mainly condoms through Social Marketing Programs in order replicate this experience in our Region.

During this visit, the RO staff was taken through the 2007 activities as well as the results of Bemfam in the area of SRH programs. In summary, these activities are conducted through:

- Headquarter
- 9 Regional Offices (branches)
- 7 Youth centers
- 6 Clinics
- 1 Laboratory and
- 1000 Brazilian Municipalities with which the MA signed agreements to conduct various SRH activities as well as educational activities in 1500 clinics.

From the MA annual report 2007 , the total revenue in 2007 of the MA is comprised of
93% MA Local Source
07% MA Outside Source

This visit was essentially focused on the successful Social Marketing Program being implemented by Bemfam since 1996 with the launch of a male condom branded PROSEX which is ranked within the 6th brand of condom out of more than 60 with greater distribution nation wide (2nd in Rio de Janeiro). This program is supported by a sound and computerized Logistics Management Systems segmented in the Commercial and Social sectors.

In 2007, Bemfam distributed, 43,9 million condoms and is planning to increase this figure by 21%, in order to reach 53 millions in 2008 . In terms of income, the Social Marketing Program contributes up to 27% to the total income generated by the services provided by Bemfam.

The RO staff also visited one Clinic with the integrated Youth center and the Condom Packaging/ Distribution (see picture below) as well as the IEC Material production centers of the MA.

During the visit, the RO staff and Bemfam agreed on the modalities of the TA that could be provided to MAs in terms of Program Development and Logistics Management . Bemfam has agreed to assist the collaborate with the RO in the area of TA and will submit to us a proposal on that issue for consideration.

As a way forward of this visit, Bemfam agreed to submit to the RO a proposal on how they can transfer their experience in terms of Social Marketing Program to Africa in order to make our MAs more productive in terms of access to services and in terms of resources mobilization.



IPPFAR's support to the Global Fund to fight AIDS, TB and Malaria (GFATM)

In February 2008, IPPF took part in a meeting of a consortium of NGOs held in Addis Ababa Ethiopia to launch the '*mobilizing for RH/HIV integration*' initiative. The initiative whose aim was to increase funding for proposals that integrate RH/HIV programs, resolved to set up two Technical Assistance (TA) hubs one at the International Planned Parenthood Federation Africa Regional Office (IPFARO) and the other at the Friends of the Global Fund in Africa (FA) to coordinate the technical assistance. The TA hubs were initially meant to coordinate technical support to assist focus countries develop sound proposals that integrate Reproductive Health into HIV/AIDS programs and Vice Versa for the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) round 8 grant cycle.

Over the short period the TA hub has been able to realize remarkable progress in putting together a database of consultants; providing technical support; and carrying out advocacy work.

Building on IPPFAR's established networks, the TA Hub has been able to develop a database of Anglophone, Francophone and Lusophone consultants. Some of these consultants have already been used to provide technical assistance to countries. Besides their work on the Global Fund proposals, it is expected that the consultants will remain an invaluable resource in the region for providing technical assistance in the implementation of Global Fund projects that integrate HIV/AIDS and to other RH projects that may not necessarily be linked to Global fund but address RH issues.

The 'ARO TA hub' as the IPPFARO TA hub has come to known among the project partners, has been able to provide technical support to three countries. In Tanzania Dr. Godfrey Swai, a public health expert was identified to assist a group of Civil Society Organizations (CSO) in drafting a concept note which was forwarded to the CCM for consideration at the national proposal development. Mozambique was also a beneficiary of the ARO TA; gender and Public Health specialist Esther K. Pale was detailed for ten days to provide technical assistance in consolidating a proposal developed by a group of civil societies. The proposal formed part of the national proposal. The TA hub also facilitated the review of the Namibia National HIV/AIDS proposal. It took the effort of the IPPPFAR RH/HIV/AIDS Technical Advisor, individuals from the project partners and an independent consultant Dr. Joachim Osur to review the country HIV proposal.

IPPFAR Member Associations (MAs) have played a crucial role in the mobilizing for RH/HIV integration initiative and the operations of the ARO hub. For example, it was through the effort of the MAs that the TA hub was able to gather country specific information which made it possible to leverage TA to the three countries mentioned above. Many MAs were also actively involved in the actual proposal development in their countries. In addition, several others were selected as activation or implementing grantees. These are CAMNAFAW of Cameroon, PPAG of Ghana, AMODEFA of Mozambique, NAPPA of Namibia, PPFN of Nigeria and UMATI of Tanzania.

The choice of the IPPFARO to house one of the TA hubs; involvement of IPPFARO staff in providing TA; and selection of several MAs as implementation grantees all underscore IPPFAR's leadership role in reproductive health.

The ARO TA hub seeks to establish itself as a leading technical support facility for RH in the region and scale up its scope of support to include implantation of RH/HIV integrated projects that arte not only related to the Global Fund but other RH initiatives as well.

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<i>A+ News letter Editor: Dr. Josephine Moyo- Director, Organizational Development Effectiveness and Governance-IPPF Africa Region</i>
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